

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

(571) 273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

or <u>Fax</u>

21171 7	CE ADDRESS (Note: Use Block 1 fo 590 09/08/2005	or any change of address)		Note: A certific Fee(s) Transmit papers. Each ad have its own cer	ate of mailing can al. This certificate litional paper, such ificate of mailing o	only be used f cannot be used as an assignment or transmission.	for domestic mailings of for any other accompany ent or formal drawing, n
STAAS & HALS SUITE 700 1201 NEW YORK WASHINGTON I //2005 MBEYENE2 00000	AVENUE, N.W.		,	I hereby certify States Postal Se addressed to th transmitted to th	Certificate of M that this Fee(s) Tra vice with sufficien Mail Stop ISSU USPTO (571) 273	failing or Transmittal is being the postage for fire FEE address 3-2885, on the contract of th	smission  g deposited with the Un  rst class mail in an envel  above, or being facsir  date indicated below.
/2005 MBEYENE2 00000	10657193						(Depositor's na
:1501 :1504	1400.00 OP 300.00 OP						(Signat
APPLICATION NO.	FILING DATE		FIRST NAME	ED INVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.
10/657,193 09/09/2003		Daisuke Ite		uke Ito	300	0.1125	1637
	·			<b>.</b>	:		-
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	МО	\$1400	1	\$300	\$1	1700	12/08/2005
EXAMINER DANG, TRUNG Q		ART UNIT		CLASS-SUBCLASS			
		2823		438-622000			•
"Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	ation form se of a Customer	or agents (2) the naregistered 2 registered listed, no	nting on the patent front pames of up to 3 registered OR, alternatively, une of a single firm (havin attorney or agent) and the ed patent attorneys or agen name will be printed.	patent attorneys g as a member a	1_STAAS 23	S & HALSEY
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in	tion (or "Fee Address" Indic or more recent) attached. Us O RESIDENCE DATA TO I an assignee is identified b 137 CFR 3.11. Completion	ation form se of a Customer BE PRINTED ON T selow, no assignee of of this form is NOT	(2) the naregistered 2 registered listed, no state will apply a substitute	ames of up to 3 registered OR, alternatively, une of a single firm (havin a stroney or agent) and the ded patent attorneys or agen name will be printed.  T (print or type)  pear on the patent. If an for filing an assignment.	patent attorneys g as a member a e names of up to tts. If no name is assignee is identifie	3	
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  SHINKO EL	tion (or "Fee Address" Indicor more recent) attached. Use an assignee is identified by 37 CFR 3.11. Completion EE	ation form se of a Customer  BE PRINTED ON T selow, no assignee c of this form is NOT  (B)	or agents (2) the narregistered 2 registered 2 registered listed, not the PATENT data will app a substitute (2) RESIDENCE (2) LTI	ames of up to 3 registered OR, alternatively, ame of a single firm (havin attorney or agent) and the departent attorneys or agent name will be printed.  T (print or type)  Dear on the patent. If an if or filling an assignment.  CE: (CITY and STATE O	patent attorneys g as a member a e names of up to tts. If no name is assignee is identified COUNTRY) NAGANO,	2a  add below, the day	iocument has been filed
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	tion (or "Fee Address" Indicor more recent) attached. Use an assignee is identified by 37 CFR 3.11. Completion EE  ECTRIC INDUS  assignee category or category or category.	ation form se of a Customer  BE PRINTED ON T selow, no assignee of of this form is NOT  (B)  STRIES CO  pries (will not be pri	or agents (2) the narregistered 2 registered 2 registered listed, not the PATENT data will app a substitute (2) RESIDENCE (2) LTI	ames of up to 3 registered OR, alternatively, une of a single firm (havin a stroney or agent) and the ded patent attorneys or agen name will be printed.  T (print or type)  pear on the patent. If an if or filing an assignment.  CE: (CITY and STATE O	patent attorneys g as a member a e names of up to tts. If no name is assignee is identified COUNTRY) NAGANO,	2a  add below, the day	locument has been filed
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  SHINKO EL  Please check the appropriate (a. The following fee(s) are	tion (or "Fee Address" Indicor more recent) attached. Use PRESIDENCE DATA TO It an assignee is identified by 37 CFR 3.11. Completion EE  ECTRIC INDUS  assignee category or category enclosed:	ation form se of a Customer  BE PRINTED ON T selow, no assignee c of this form is NOT  (B)  STRIES CO  pries (will not be pri	or agents (2) the nairegistered 2 registered 2 registered listed, no hard a substitute a substitute (2) RESIDENCE (2) LTI nted on the payment of A check	ames of up to 3 registered OR, alternatively, ume of a single firm (havin attorney or agent) and the ded patent attorneys or agen name will be printed.  T (print or type)  Dear on the patent. If an if or filing an assignment.  CE: (CITY and STATE O	patent attorneys g as a member a e names of up to tts. If no name is assignee is identified R COUNTRY) NAGANO, is enclosed.	2a  add below, the day	locument has been filed
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  SHINKO EL.  Please check the appropriate (a. The following fee(s) are  I Issue Fee  Publication Fee (No s	tion (or "Fee Address" Indicor more recent) attached. Use the property of the	ation form se of a Customer  BE PRINTED ON T selow, no assignee of this form is NOT  (B)  STRIES CO pries (will not be pri 4b.	or agents (2) the nairegistered 2 registered 2 registered listed, no of the PATEN data will appear a substitute a substitute of the payment of A check Payment	ames of up to 3 registered OR, alternatively, une of a single firm (havin a attorney or agent) and the departent attorneys or agename will be printed.  T (print or type)  Dear on the patent. If an effor filing an assignment.  CE: (CITY and STATE O  Department): Individual  Foc(s):  in the amount of the fee(s) to by credit card. Form PTC	patent attorneys g as a member a e names of up to tts. If no name is assignee is identified COUNTRY) NAGANO, Corporation or is enclosed2038 is attached.	a ded below, the design of the private growth other private growth design of the private growth design	locument has been filed
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 (Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  SHINKO EL  Please check the appropriate (a. The following fee(s) are	tion (or "Fee Address" Indicor more recent) attached. Use the property of the	ation form se of a Customer  BE PRINTED ON T selow, no assignee of this form is NOT  (B)  STRIES CO pries (will not be pri  4b.	or agents (2) the nairegistered 2 registered 2 registered listed, no of the PATEN data will appear a substitute a substitute of the payment of A check Payment	ames of up to 3 registered OR, alternatively, ume of a single firm (havin attorney or agent) and the ded patent attorneys or agen name will be printed.  T (print or type)  Dear on the patent. If an if or filing an assignment.  CE: (CITY and STATE O	patent attorneys g as a member a e names of up to tts. If no name is assignee is identified COUNTRY) NAGANO, Corporation or is enclosed2038 is attached.	a ded below, the design of the private growth other private growth design of the private growth design	locument has been filed
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/12  "Fee Address" indicat PTO/SB/12  "Rev 03-02 (Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  SHINKO EL.  Please check the appropriate a. The following fee(s) are  Issue Fee  Publication Fee (No s  Advance Order - # of	tion (or "Fee Address" Indicor more recent) attached. Use PRESIDENCE DATA TO It an assignee is identified by 37 CFR 3.11. Completion EE  ECTRIC INDUST  assignee category or category enclosed:  mall entity discount permitter of the completion of the category of category enclosed:	ation form se of a Customer  BE PRINTED ON T selow, no assignee of this form is NOT  (B)  STRIES CO pries (will not be pri 4b.  ed)	or agents (2) the nairegistered 2 registered 2 registered listed, no of the PATEN a substitute (a) RESIDENC LTI nted on the payment of A check Payment of Payment Acceptage (b) The Director of Acceptage (c) Payment	ames of up to 3 registered OR, alternatively, une of a single firm (havin a attorney or agent) and the departent attorneys or agename will be printed.  T (print or type)  Dear on the patent. If an effor filing an assignment.  CE: (CITY and STATE O  Department): Individual  Foc(s):  in the amount of the fee(s) to by credit card. Form PTC	patent attorneys g as a member a c names of up to tts. If no name is  assignee is identified COUNTRY)  NAGANO  Corporation or is enclosed.  2038 is attached. by charge the requirements (en	a ded below, the desired fee(s), or iclose an extra contract of the second seco	locument has been filed  oup entity Governm  credit any overpayment opy of this form).
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/12  "Fee Address" indicat PTO/SB/12  "Rev 03-02 (Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  SHINKO EL.  Please check the appropriate a. The following fee(s) are  Issue Fee  Publication Fee (No s  Advance Order - # of	tion (or "Fee Address" Indicor more recent) attached. Use the property of the	ation form the of a Customer  BE PRINTED ON Total properties (B)  STRIES CO  Dries (will not be printed)  ed)  at 7 CFR 1.27.  The properties of the printed p	or agents (2) the nairegistered 2 registered 2 registered 12 registered 13 registered 14 registered 15 registered	ames of up to 3 registered OR, alternatively, une of a single firm (havin attorney or agent) and the departent attorneys or agename will be printed.  T (print or type) Dear on the patent. If an if or filing an assignment.  CE: (CITY and STATE OF Deatern): Individual  Fee(s): In the amount of the fee(s) they credit card. Form PTC ector is hereby authorized count Number	patent attorneys g as a member a c names of up to tts. If no name is  assignee is identified COUNTRY)  NAGANO  Logo Corporation or is enclosed.  -2038 is attached. by charge the requestion of the corporation of the corpora	2  3  ed below, the d  JAPAN  other private gro  uired fee(s), or close an extra c	oup entity Governm  credit any overpayment copy of this form).
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/12; Rev 03-02 on Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  SHINKO EL.  Please check the appropriate in the following fee(s) are in the following fee(s) are in the following fee (s) are in the fee (s) are in the following fee (s) are in the following fee (s) are in the following fee (s) are in the fee (s) are in the following fee (s) are in the fee	tion (or "Fee Address" Indicor more recent) attached. Use the property of the	ation form the of a Customer  BE PRINTED ON Total properties (B)  STRIES CO  Dries (will not be printed)  ed)  at 7 CFR 1.27.  The properties of the printed p	or agents (2) the nairegistered 2 registered 2 registered 12 registered 13 registered 14 registered 15 registered	ames of up to 3 registered OR, alternatively, une of a single firm (havin attorney or agent) and the departent attorneys or agename will be printed.  T (print or type) Dear on the patent. If an if or filing an assignment.  CE: (CITY and STATE OF Deatern): Individual  Fee(s): In the amount of the fee(s) they credit card. Form PTC ector is hereby authorized count Number	patent attorneys g as a member a c names of up to tts. If no name is  assignee is identified COUNTRY)  NAGANO  Logo Corporation or is enclosed.  -2038 is attached. by charge the requestion of the corporation of the corpora	2  3  ed below, the d  JAPAN  other private gro  uired fee(s), or close an extra c	oup entity Governm  credit any overpayment copy of this form).
Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/12; Rev 03-02 (Number is required.  ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN.  SHINKO EL  Please check the appropriate a. The following fee(s) are  Advance Order - # of Advance Order - # of Change in Entity Status  a. Applicant claims SI  Change in Entity Status  a. Applicant claims SI  The Director of the USPTO NOTE: The Issue Fee and Poterest as shown by the recorder.	tion (or "Fee Address" Indicor more recent) attached. Use the property of the	ation form the of a Customer  BE PRINTED ON Total properties (B)  STRIES CO  Dries (will not be printed)  ed)  at 7 CFR 1.27.  The properties of the printed p	or agents (2) the nairegistered listed, no a listed, no a listed, no a listed, no a substitute (a) RESIDENC  LTI  nted on the p  Payment of  Payment of  Payment  The Directory  Deposit Acc  b. Application from anyone office.	ames of up to 3 registered OR, alternatively, une of a single firm (havin attorney or agent) and the departent attorneys or agen name will be printed.  T (print or type)  pear on the patent. If an if or filing an assignment.  CE: (CITY and STATE O  D.  patent): Individual  Fee(s):  in the amount of the fee(s) the count Number	patent attorneys g as a member a e names of up to tas. If no name is  assignee is identified COUNTRY)  NAGANO  Local Corporation or is enclosed.  -2038 is attached. by charge the required SMALL ENTITY s riously paid issue fe a registered attorne	2  3  ed below, the d  JAPAN  other private gro  uired fee(s), or close an extra c	locument has been filed  oup entity Governm  credit any overpayment copy of this form).